

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. <b>10/030438</b>	FILING DATE
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	1			
12		1		
13				
14	1			
15		1		
16			1	
17			1	
18		1		
19			1	
20			1	
21			1	
22		1		
23			1	
24	1			
25		1		
26			1	
27	1			
28		1		
29			1	
30			1	
31			1	
32			1	
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43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.		2		
TOTAL DEP.	1		1	
TOTAL CLAIMS	1	2	1	

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
54								
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100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								